

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Barry
 Township F. East Creek
 City _____ (No. _____, _____ St. _____ Ward _____)

Registration District No. 28
 Primary Registration District No. 5038

File No. 39058
 Registered No. 68

2. FULL NAME Charles Lee

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 5 28

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo13. NAME Maech Lee14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo15. MAIDEN NAME Baker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo17. INFORMANT (ADDRESS) M. E. Lee
Barasville, Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Home DATE 12-4-3319. UNDERTAKER (ADDRESS) E. W. A. Brown
Barasville Mo20. FILED Dec 4 1933 Scott Newman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 193322. I HEREBY CERTIFY, That I attended deceased from Dec 4 1933 to Dec 4 1933I last saw him alive on Dec 4 1933 Death is saidto have occurred on the date stated above, at 12:00 Noon

The principal cause of death and related causes of importance were as follows:

Valvular Heart Date of onset _____Other contributory causes of importance: Spasmodic Croup

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify Steven A. Salzer(Signed) Cassville Mo, M. D.

(Address) _____

